DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2 Attorney Docket No. 6798M

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

	I believe I	am the ori	ginal, first	and sole in	nventor (if	only one	name is	s listed l	pelow) or	r an origina	al, first	and join	ıt
invento	or (if plura	d names are	listed belo	ow) of the	subject ma	itter which	ı is clai	med and	for which	ch a patent	is soug	ht on th	e
inventi	on entitled	I NOVEL	THREE	DIMENS	IONAL S	TRUCTU	JRES	USEFU.	L'AS C	CLEANING	G SHE	ETS th	e
specifi	cation of w	vhich											

inventor (if plural nar invention entitled NC		-	_			-	•
specification of which		THESE PHARMAN	Divid Binderen		<i>2</i> 115 C		ibbib die
(check	П	is attached hereto.					
one)	įχη	was filed on	MAY 20, 1998			as	
one,	[2.]		No. 09/082,396				
		and was amended					
			(if appli	cable)			
I hereby state t	that I hay	e reviewed and und	erstand the contents o	•	identified	specification in	cluding the
claims, as amended by						op	
			tion which is materia	to patentah	ility as d	efined in Title	37 Code of
Federal Regulations §	•			разышь			
		riority benefits unde	r Title 35 United State	es Code 811	9(a)-(d) o	f any foreign ar	onlication(s)
for patent or invento							
Inventor's certificate h							
	•	•		-	-		
Prior Foreign A	Application	on(s)	Prie	ority Claimed	_	n	
<u> </u>			(D) D () D (TC'1 1)	Ő	Ü	
(Number)		(Country)	(Day/Month/Year	Filed)	Yes	No	
I hereby claim the ber	efit unde	r Title 35, United St	ates Code §119(e) of	any United S	tates prov	isional applicat	ion(s) listed
below.			•	•	-		
60/055,330		8/12/97	60/047	,619		5/23/97	
Application Serial No	D	Filing Date	Application	Serial No.		Filing Date	
I hereby claim the be	nefit und	er Title 35 United S	States Code \$120 of a	ny United St	tates anni	ication(s) listed	helow and
insofar as the subject							
in the manner provide							
material information a							
prior application and							, 4200
P				PF			
(A1:4: C-	:-1 N/- \	(Filing Date	(Charles)	(handanad)	
(Application Se	eriai No.)	(Filing Date	(Status)	(patented,	pending, a	ioandoned)	
I hereby appoint the fe	ollowing a	as my attorney(s) or	agent(s) with full pow	er of substitu	ition to pr	osecute this app	lication and
transact all business in	n the Pate	ent and Trademark C	office connected therew	rith:			
Atty Name		Atty Reg Number.	Associate Power of A	Attorney Attac	ched		
Carl J. Roof		37,708	[] Yes	[X] No			
Mary Catherine	Hentz	37,556	[] Yes	[X] No			
Kim W. Zerby		32,323	[] Yes	[X] No			
Edward J. Milb	rada	40.090	{ } Yes	IXI No			

Atty Name	Atty Reg Number.	Associate Power of A	Attorney Attached
Carl J. Roof	37,708	[] Yes	[X] No
Mary Catherine Hentz	37,556	[] Yes	[X] No
Kim W. Zerby	32,323	[] Yes	[X] No
Edward J. Milbrada	40,090	[] Yes	[X] No
E. Kelly Linman	26,759	[] Yes	[X] No
Jacobus C. Rasser	37,043	[] Yes	[X] No
T. David Reed	32,931	[] Yes	[X] No
Timothy B. Guffey	41,048	[] Yes	[X] No
Larry L. Huston	32,994	[] Yes	[X] No
Vladimir Vitenberg	P42,204	[] Yes	[X] No
Julia Glazer	P41,783	[] Yes	[X] No
Roddy M. Bullock	37,290	[] Yes	[X] No

SEND CORRESPONDENCE TO:

MADV	CATHEDI	NE HENTZ
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Name		Phone No.		
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Street	City	State	Zip Code	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or:	first joint inventor Saged (NMN) Fereshtehkhou	
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		Date
Residence 7336 San	derson Place, Cincinnati, OH 45243	
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_		Date
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Citizenship Canada		
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